

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>MM</i>	<i>50</i>	<i>01-13-01</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	Original
1	01030803
2	02061919
3	02030304
4	✓ ✓ ✓ ✓
5	✓ ✓ ✓ ✓
6	✓ ✓ ✓ ✓
7	✓ ✓ ✓ ✓
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Claim	Date
Final	Original
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Claim	Date
Final	Original
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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